



FEB-08-2007 THU 01:32 PM INTELLECTUAL PROPERTY

FAX NO. 9254232231

P. 02/03

PART B - FEE(S) TRANSMITTAL

FEB 08 2007

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7590

01/24/2007

Eddie E. Scott
Assistant Laboratory Counsel
Lawrence Livermore National Laboratory
P.O. Box 808, L-703
Livermore, CA 94551

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Kathy Raymond (Depositor's name)
Kathy Raymond (Signature)
February 8, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/674,891	09/29/2003	Scott S. Olivier	IL-11093	6177

TITLE OF INVENTION: ADAPTIVE OPHTHALMOLOGIC SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	04/24/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SUGARMAN, SCOTT J	2873	351-205000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Eddie E. Scott2 John H. Lee

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Regents of The University of California Oakland, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0695 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature February 6, 2007

Date

Typed or printed name Eddie E. Scott

Registration No.

25,220

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**LAWRENCE LIVERMORE NATIONAL LABORATORY
OFFICE OF LABORATORY COUNSEL**

P.O. Box 808

FAX

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Livermore, CA 94551-9900

FEB 08 2007

Date: 02/08/07

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ISSUE FEE

(571) 273-2885

No. of pages
to follow:

2

FROM:

PHONE:

Kathy Raymond

(925) 423-9034

Contents/Message:

Re: Payment of Issue Fees

Attorney Docket No. IL-11093

Serial No. 10/674,891 Filed 09/29/2003

"Adaptive Ophthalmologic System"

Dear Representative,

Attached are two copies of the Part B - Fee(s) Transmittal for payment of the Issue Fee for the above-referenced application.

Thanks,
Kathy**Confidentiality Notice**

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